



**Outreach Program**  
**Wisconsin Educational Services Program for**  
**the Deaf and Hard of Hearing**  
**Elizabeth Burmaster, State Superintendent**  
**Wisconsin Department of Public Instruction**  
Alex H. Slaphey, Director WESPDHH  
Marcy Dropkin, Director Outreach Program



**OUTREACH SERVICES REQUEST FORM**

Date \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

School District \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Purpose of Referral \_\_\_\_\_

Check One:

- ☐ Initial Evaluation for the IEP team Due date \_\_\_\_\_  
☐ 3 year re-evaluation for the IEP team Due date \_\_\_\_\_  
☐ Annual IEP meeting Due date \_\_\_\_\_  
☐ Other Time line \_\_\_\_\_

Other comment \_\_\_\_\_

Child Name \_\_\_\_\_ Birth date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ telephone \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Email \_\_\_\_\_

School District of Residence \_\_\_\_\_ School Child Attends \_\_\_\_\_

Grade \_\_\_\_\_ Special Education Director \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Has the special education director approved this request? ☐ yes ☐ no

Who else is on the child's educational team?

Name	Role	Telephone	Email
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Name	Role	Telephone	Email
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Name	Role	Telephone	Email
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Name	Role	Telephone	Email
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**Complete form / save as attachment / return via email to:**

**[marcy.dropkin@wesp-dhh.wi.gov](mailto:marcy.dropkin@wesp-dhh.wi.gov)**

**or print completed form and fax to:**

**Attn: M. Dropkin @ (262)787-9501**

WESP-DHH Outreach 19601 Bluemound Rd. Suite 200, Brookfield, WI 53045

Referral submitted by \_\_\_\_\_ contact info.: \_\_\_\_\_

For Staff Use:

Date: \_\_\_\_\_

Lead: \_\_\_\_\_

Team members:

\_\_\_\_\_

\_\_\_\_\_